Tom Farrell
financial mediation

clarity from complexity

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FINANCIAL INFORMATION FORM

This digital form is designed to capture all your relevant financial information, for import into our cash flow modelling system.

It may also serve (along with any required supporting documentation) as a Financial Information Form, for Mediation.

Please complete this digital form as fully as possible. There may be sections that do not apply to you. Please leave these sections blank.

You can complete the form in stages, returning to it when time allows. Please make sure that you save the form at the end of each session.

Once you have completed the form in as much detail as you can, please return it to me digitally, by attaching it to an email to the following address:

help@tomfarrell.co.uk

If you run into any difficulty in completing this form, please do not hesitate to contact me.

Financial Planning Questionnaire

Confidential Financial Review

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About You

Please tell us about yourself and your partner.

	About You	Spouse / Partner
⊕ Forename		
⊕ Surname		
⊕ Gender	☐ Male ☐ Female	☐ Male ☐ Female
dd/mm/yyyy ⊕ Date of Birth		
⊕ Marital Status	☐ Married or Civil Partnership ☐ Not Married	

Advisors Note: ⊕ Indicates importable value.

Address

Address Line 1		
Address Line 2		
Town/City, County		
Post Code, Country		

	About You	Spouse / Partner
Home Phone Number		
Business Phone Number		
Mobile		
Email Address		

Notes

Enter additional information below

Your Family

Please tell us about your children and any other family members and dependants that you would like to include in your financial plans.

	Family Member / Dependant (1)	Family Member / Dependant (2)
⊕ Forename		
⊕ Surname		
⊕ Gender	☐ Male ☐ Female	☐ Male ☐ Female
dd/mm/yyyy ⊕ Date of Birth	/ /	/ /
⊕ Relationship		

Notes

Enter additional information below

	Family Member / Dependant (3)	Family Member / Dependant (4)
⊕ Forename		
⊕ Surname		
⊕ Gender	☐ Male ☐ Female	☐ Male ☐ Female
dd/mm/yyyy ⊕ Date of Birth	/ /	/ /
⊕ Relationship		

Notes

Enter additional information below

Advisors Note: ⊕ Indicates importable value.

Your Family (continued)

Use the following forms, if needed, to tell us about additional family members you want to consider in your financial plans.

	Family Member / Dependant (5)	Family Member / Dependant (6)
⊕ Forename		
⊕ Surname		
⊕ Gender	☐ Male ☐ Female	☐ Male ☐ Female
dd/mm/yyyy ⊕ Date of Birth	/ /	/ /
⊕ Relationship		

Notes

Enter additional information below

	Family Member / Dependant (7)	Family Member / Dependant (8)
⊕ Forename		
⊕ Surname		
⊕ Gender	☐ Male ☐ Female	☐ Male ☐ Female
dd/mm/yyyy ⊕ Date of Birth	/ /	/ /
⊕ Relationship		

Notes

Enter additional information below

Advisors Note: ⊕ Indicates importable value.

Retirement

Please tell us about your retirement plans. At what age do you expect to retire or are you already retired?

- Please enter any related details right.

	You	Spouse / Partner
⊕ Are you already retired?	☐ Yes ☐ No	☐ Yes ☐ No
⊕ If not, what is your planned retirement age?		

Advisors Note: ⊕ Indicates importable value.

Notes

Enter additional information below

Taxes or Rebates Due from Last Year

Do you have any taxes due or are you expecting rebates from the previous tax year?

	You	Spouse / Partner
Do you have taxes due or rebates expected from the previous tax year?	☐ Yes ☐ No	☐ Yes ☐ No
Taxes Due	£	£
Expected Rebate	£	£

Advisors Note: Not currently importable.

Notes

Enter additional information below

Employment

Enter below details of your employment earnings including salary, wages, commissions and bonuses. Other sources of income, such as rental income or royalties, should be entered separately in the next section, "Other Income".

	Employment (1)	Employment (2)
⊕ Earner / Recipient	☐ You ☐ Spouse/Partner	☐ You ☐ Spouse/Partner
⊕ Occupation or Employer		
- Please enter annual salary before taxes ⊕ Gross Annual Salary	£	£
- Average annual bonuses and commissions ⊕ Other Earnings (Bonuses, Commissions)	£	£
- Average annual value of any benefits received in kind ⊕ Benefits in Kind	£	£

Self-Employed or Company Owner?

⊕ Are you self-employed?	☐ Yes ☐ No	☐ Yes ☐ No
- If yes, enter any earnings on average from company dividends ⊕ Are you a company owner?	☐ Yes ☐ No	☐ Yes ☐ No
⊕ Company Dividends	£	£

Pensions and Other Benefits?

- If yes, enter additional details in the **Money Purchase** or **Final Salary** sections of this questionnaire Do you participate in an employer-sponsored pension scheme?	☐ Yes ☐ No	☐ Yes ☐ No
Type of pension scheme?	☐ Money Purchase ☐ Final Salary	☐ Money Purchase ☐ Final Salary
- Does your employer or company offer other benefits that should be considered in your financial plan? - Click any that apply. - Further details may be noted right. **Other benefits for consideration in your financial plan?**	☐ Income Protection / Redundancy Cover ☐ Death in Service Life Assurance ☐ Death in Service Widow's Pension ☐ Stock Purchase Plan ☐ Other (please specify in notes, right)	☐ Income Protection / Redundancy Cover ☐ Death in Service Life Assurance ☐ Death in Service Widow's Pension ☐ Stock Purchase Plan ☐ Other (please specify in notes, right)

Notes

Enter additional information below

Additional employment income?

Click here for additional forms.

Advisors Note: ⊕ Indicates importable value.

Other Income

Tell us details of any other income sources apart from employment, pensions, and annuities. Other income sources might include rental income or royalties, for example.

	Other Income (1)	Other Income (2)
⊕ Other Income Source		
⊕ Annual Income	£	£
⊕ Is this income taxable?	☐ Yes ☐ No	☐ Yes ☐ No
Expected duration?	Years	Years
⊕ Earner / Recipient	☐ You ☐ Spouse/Partner	☐ You ☐ Spouse/Partner

Notes
Enter additional information below

	Other Income (3)	Other Income (4)
⊕ Other Income Source		
⊕ Annual Income	£	£
⊕ Is this income taxable?	☐ Yes ☐ No	☐ Yes ☐ No
Expected duration?	Years	Years
⊕ Earner / Recipient	☐ You ☐ Spouse/Partner	☐ You ☐ Spouse/Partner

Notes
Enter additional information below

Advisors Note: ⊕ Indicates importable value.

Additional incomes?
Click here for additional forms.

Anticipated Windfalls

Enter here details of any anticipated proceeds from windfall events such as gifts, inheritances or even a lottery win.

Windfalls could include:
- Inheritance,
- Gifts,
- Gambling winnings

	Windfall (1)	Windfall (2)
Type of Windfall		
Amount	£	£
When do you expect to receive this windfall?	Year ____ or at Age ____	Year ____ or at Age ____
Name of Recipient		

Notes
Enter additional information below

Windfalls could include:
- Inheritance,
- Gifts,
- Gambling winnings

	Windfall (3)	Windfall (4)
Type of Windfall		
Amount	£	£
When do you expect to receive this windfall?	Year ____ or at Age ____	Year ____ or at Age ____
Name of Recipient		

Notes
Enter additional information below

Advisors Note: Not currently importable.

Savings and Investments

Please provide information about your savings and investments. Entries may include stock market and other long-term investments, ISAs, individual stocks and shares, unit trusts, OEICs and Life Funds.

	Savings / Investment (1)	Savings / Investment (2)
⊕ Type of Investment or Savings		
⊕ Name of Account, Bank, or Institution		
⊕ Owner(s)	☐ You ☐ Spouse/Partner ☐ Owned Jointly	☐ You ☐ Spouse/Partner ☐ Owned Jointly
⊕ Current Balance	£	£
⊕ Regular Contributions?	£ - Per year, if applicable.	£ - Per year, if applicable.
Remaining Term?	- Years, if applicable.	- Years, if applicable.

Notes

Enter additional information below

Advisors Note: ⊕ Indicates importable value.

	Savings / Investment (3)	Savings / Investment (4)
⊕ Type of Investment or Savings		
⊕ Name of Account, Bank, or Institution		
⊕ Owner(s)	☐ You ☐ Spouse/Partner ☐ Owned Jointly	☐ You ☐ Spouse/Partner ☐ Owned Jointly
⊕ Current Balance	£	£
⊕ Regular Contributions?	£ - Per year, if applicable.	£ - Per year, if applicable.
Remaining Term?	- Years, if applicable.	- Years, if applicable.

Notes

Enter additional information below

Additional savings and investments?

Click here for additional forms.

Pensions – Money Purchases

Please tell us about your pension arrangements. Enter here details of money purchase schemes, personal pensions (including stakeholder), and self-invested personal pensions. **Note:** Do not include any pensions from which you are already drawing an income. These should be entered separately in the **Drawdowns** and **Annuities** sections of this questionnaire. Defined benefit schemes (final salaries) should also be entered separately under **Final Salaries**.

	Money Purchase (1)	Money Purchase (2)
⊕ Type of Money Purchase		
⊕ Owner	☐ You ☐ Spouse/Partner	☐ You ☐ Spouse/Partner
⊕ Name of Pension or Employer		
⊕ Current Value (Account Balance)	£	£
Retirement Age		
⊕ Your Contributions - If applicable - Enter either as an annual amount (before tax) or as % of salary	£ - or % annual contribution amount or % of salary	£ - or % annual contribution amount or % of salary
Your Employer's Contributions - If applicable - Enter either as an annual amount or as % of salary	£ - or % annual contribution amount or % of salary	£ - or % annual contribution amount or % of salary

Notes
Enter additional information below

	Money Purchase (3)	Money Purchase (4)
⊕ Type of Money Purchase		
⊕ Owner	☐ You ☐ Spouse/Partner	☐ You ☐ Spouse/Partner
⊕ Name of Pension or Employer		
⊕ Current Value (Account Balance)	£	£
Retirement Age		
⊕ Your Contributions - If applicable - Enter either as an annual amount (before tax) or as % of salary	£ - or % annual contribution amount or % of salary	£ - or % annual contribution amount or % of salary
Your Employer's Contributions - If applicable - Enter either as an annual amount or as % of salary	£ - or % annual contribution amount or % of salary	£ - or % annual contribution amount or % of salary

Notes
Enter additional information below

Additional money purchases?
Click here for additional forms.

Advisors Note: ⊕ Indicates importable value.

Pensions – Final Salaries

Please tell us about your pension arrangements. Enter here details of final salaries (defined benefit schemes).

	Final Salary (1)	Final Salary (2)
Owner	☐ You ☐ Spouse/Partner	☐ You ☐ Spouse/Partner
Name of Pension or Employer		
Active Member?	☐ Yes ☐ No	☐ Yes ☐ No
If Yes - Years of Service		
If No - Are you currently receiving payments?	☐ Yes ☐ No, payments are deferred	☐ Yes ☐ No, payments are deferred
Pension – Income Expected or Current - Enter current or estimated future pension income before tax	£ ☐ Yearly ☐ Monthly	£ ☐ Yearly ☐ Monthly
Retirement Age - If presently active member or if pension is deferred		
Survivor Benefits? - Leave blank, if unknown		

Survivor benefits might include:
- Death in Service / Widow's Pension
- Death in Deferment Benefits

Notes
Enter additional information

	Final Salary (3)	Final Salary (4)
Owner	☐ You ☐ Spouse/Partner	☐ You ☐ Spouse/Partner
Name of Pension or Employer		
Active Member?	☐ Yes ☐ No	☐ Yes ☐ No
If Yes - Years of Service		
If No - Are you currently receiving payments?	☐ Yes ☐ No, payments are deferred	☐ Yes ☐ No, payments are deferred
Pension – Income Expected or Current - Enter current or estimated future pension income before tax	£ ☐ Yearly ☐ Monthly	£ ☐ Yearly ☐ Monthly
Retirement Age - If presently active member or if pension is deferred		
Survivor Benefits? - Leave blank, if unknown		

Notes
Enter additional information

Additional final salaries?
Click here for additional forms.

Advisors Note: Not currently importable.

Drawdowns

Please tell us about any existing drawdowns from which you currently receive income.

	Drawdown (1)	Drawdown (2)
⊕ Owner	☐ You ☐ Spouse/Partner	☐ You ☐ Spouse/Partner
⊕ Name of Drawdown		
- Income before tax ⊕ Payment Amount	£ ☐ Yearly ☐ Monthly	£ ☐ Yearly ☐ Monthly
⊕ Current Balance	£	£

Notes
Enter additional information below

	Drawdown (3)	Drawdown (4)
⊕ Owner	☐ You ☐ Spouse/Partner	☐ You ☐ Spouse/Partner
⊕ Name of Drawdown		
- Income before tax ⊕ Payment Amount	£ ☐ Yearly ☐ Monthly	£ ☐ Yearly ☐ Monthly
⊕ Current Balance	£	£

Notes
Enter additional information below

	Drawdown (5)	Drawdown (6)
⊕ Owner	☐ You ☐ Spouse/Partner	☐ You ☐ Spouse/Partner
⊕ Name of Drawdown		
- Income before tax ⊕ Payment Amount	£ ☐ Yearly ☐ Monthly	£ ☐ Yearly ☐ Monthly
⊕ Current Balance	£	£

Notes
Enter additional information below

Advisors Note: ⊕ Indicates importable value.

Annuities

Please tell us about any existing annuities, pension or non-pension, from which you currently receive income or from which you expect income that is presently deferred.

	Annuity (1)	Annuity (2)
Owner	☐ You ☐ Spouse/Partner	☐ You ☐ Spouse/Partner
Name of Annuity		
Type of Annuity	☐ Pension ☐ Non-Pension	☐ Pension ☐ Non-Pension
Currently receiving income from annuity?	☐ Yes ☐ No, payments are deferred	☐ Yes ☐ No, payments are deferred
Income Current or Expected - Enter income before tax	£ ☐ Yearly ☐ Monthly	£ ☐ Yearly ☐ Monthly
Term - Leave blank if lifetime income	Years	Years
Survivorship? - If unknown, leave unselected	☐ Single ☐ Joint Life If Joint Life - **Survivor Percentage** %	☐ Single ☐ Joint Life If Joint Life - **Survivor Percentage** %

Notes

Enter additional information below

	Annuity (3)	Annuity (4)
Owner	☐ You ☐ Spouse/Partner	☐ You ☐ Spouse/Partner
Name of Annuity		
Type of Annuity	☐ Pension ☐ Non-Pension	☐ Pension ☐ Non-Pension
Currently receiving income from annuity?	☐ Yes ☐ No, payments are deferred	☐ Yes ☐ No, payments are deferred
Income Current or Expected - Enter income before tax	£ ☐ Yearly ☐ Monthly	£ ☐ Yearly ☐ Monthly
Term - Leave blank if lifetime income	Years	Years
Survivorship? - If unknown, leave unselected	☐ Single ☐ Joint Life If Joint Life - **Survivor Percentage** %	☐ Single ☐ Joint Life If Joint Life - **Survivor Percentage** %

Notes

Enter additional information below

Additional annuities?

Click here for additional forms.

Advisors Note: Not currently importable.

State Pensions

Please tell us about the State Pension benefits you are currently receiving.

If you are not presently receiving benefits but have your benefit forecast from the Pension Service, enter your estimated future pension benefit. The Pension Service provides an online pension forecast application, which can be accessed on the Directgov website.

	You	Spouse/Partner
Are you currently receiving a state pension?	☐ Yes ☐ No	☐ Yes ☐ No
Current or Forecast Pension	£ ☐ Yearly ☐ Monthly ☐ Weekly	£ ☐ Yearly ☐ Monthly ☐ Weekly

Advisors Note: Not currently importable.

Notes

Enter additional information

Property and Other Assets

Please tell us about any properties you own including real property, businesses and other assets such as vehicles, boats, jewellery, and collectibles.

	Property (1)	Property (2)
⊕ Name or Description		
⊕ Type of Property		
⊕ Current Value	£	£
⊕ Original Purchase Value - If unknown, leave blank	£	£
⊕ Owner(s)	☐ You ☐ Spouse/Partner ☐ Owned Jointly	☐ You ☐ Spouse/Partner ☐ Owned Jointly
Mortgage / Other Associated Debts? - If yes, enter details under "Debts and Mortgages"	☐ Yes ☐ No	☐ Yes ☐ No
Income from Property? - e.g. rental income	☐ No ☐ Yes - £ ☐ Yearly ☐ Monthly	☐ No ☐ Yes - £ ☐ Yearly ☐ Monthly

Notes
Enter additional information below

	Property (3)	Property (4)
⊕ Name or Description		
⊕ Type of Property		
⊕ Current Value	£	£
⊕ Original Purchase Value - If unknown, leave blank	£	£
⊕ Owner(s)	☐ You ☐ Spouse/Partner ☐ Owned Jointly	☐ You ☐ Spouse/Partner ☐ Owned Jointly
Mortgage / Other Associated Debts? - If yes, enter details under "Debts and Mortgages"	☐ Yes ☐ No	☐ Yes ☐ No
Income from Property? - e.g. rental income	☐ No ☐ Yes - £ ☐ Yearly ☐ Monthly	☐ No ☐ Yes - £ ☐ Yearly ☐ Monthly

Notes
Enter additional information below

Additional properties/assets?
Click here for additional forms.

Advisors Note: ⊕ Indicates importable value.

Debts

Please tell us about your debts including mortgages, personal loans and outstanding credit card balances.

	Debt (1)	Debt (2)
⊕ Name or Description		
- If other, please specify ⊕ Type of Debt		
⊕ Outstanding Balance	£	£
⊕ Repayment Amount	£ ☐ Yearly ☐ Monthly	£ ☐ Yearly ☐ Monthly
⊕ Interest Rate	% ⊕ Interest Only Loan? ☐ Yes ☐ No	% Interest Only Loan? ☐ Yes ☐ No
⊕ Owner(s) of Debt	☐ You ☐ Spouse/Partner ☐ Owned Jointly	☐ You ☐ Spouse/Partner ☐ Owned Jointly
- If mortgage Associated Home, Property		

Notes

Enter additional information below

	Debt (3)	Debt (4)
⊕ Name or Description		
- If other, please specify ⊕ Type of Debt		
Outstanding Balance	£	£
⊕ Repayment Amount	£ ☐ Yearly ☐ Monthly	£ ☐ Yearly ☐ Monthly
⊕ Interest Rate	% ⊕ Interest Only Loan? ☐ Yes ☐ No	% Interest Only Loan? ☐ Yes ☐ No
⊕ Owner(s) of Debt	☐ You ☐ Spouse/Partner ☐ Owned Jointly	☐ You ☐ Spouse/Partner ☐ Owned Jointly
- If mortgage Associated Home, Property		

Notes

Enter additional information below

Additional debts?

Click here for additional forms.

Advisors Note: ⊕ Indicates importable value.

Protection – Term Life

Please tell us details of arrangements designed to protect you and/or your family in the event of death or long term incapacity. Include employee benefits and any personal policies.

	Term Policy 1	Term Policy 2
Name of Insurer or Policy		
Name of Person(s) Covered		
Type of Policy	☐ Personal Policy ☐ Employee Benefit	☐ Personal Policy ☐ Employee Benefit
PERSONAL POLICY		
Amount of Cover	£	£
Premium	£ Paid ☐ Monthly ☐ Annually	£ Paid ☐ Monthly ☐ Annually
EMPLOYEE BENEFIT		
Name of Employer		
Amount of Cover		
Term Remaining		

- Leave section blank if the policy is an employment benefit

- Leave section blank if personal policy

- Usually a multiple or percentage of salary

- Leave blank if term is duration of employment

Advisors Note: Not currently importable.

Notes

Enter additional information below

Additional term life cover?

Click here for additional forms.

Protection – Whole Life

Use the following forms, if needed, to tell us about the whole life policies you want to consider in your financial plans.

	Whole Life 1	Whole Life 2
Name of Insurer or Policy		
Person(s) Covered		
Premium	£ Paid ☐ Monthly ☐ Annually	£ Paid ☐ Monthly ☐ Annually
Amount of Cover	£	£

Notes

Enter additional information below

	Whole Life 3	Whole Life 4
Name of Insurer or Policy		
Person(s) Covered		
Premium	£ Paid ☐ Monthly ☐ Annually	£ Paid ☐ Monthly ☐ Annually
Amount of Cover	£	£

Notes

Enter additional information below

Advisors Note: Not currently importable.

Protection – Endowments

Use the following forms, if needed, to tell us about endowments you want to consider in your financial plans.

	Endowment 1	Endowment 2
Name of Insurer or Policy		
Person(s) Covered		
Guaranteed Sum Assured	£	£
Current Endowment Sum Assured (Plus Bonuses)	£	£
Maturity Date		
Premium	£ Paid ☐ Monthly ☐ Annually	£ Paid ☐ Monthly ☐ Annually

Notes

Enter additional information below

	Endowment 3	Endowment 4
Name of Insurer or Policy		
Person(s) Covered		
Guaranteed Sum Assured	£	£
Current Endowment Sum Assured (Plus Bonuses)	£	£
Maturity Date		
Premium	£ Paid ☐ Monthly ☐ Annually	£ Paid ☐ Monthly ☐ Annually

Notes

Enter additional information below

Advisors Note: Not currently importable.

Protection – Family Income Benefits

Use the following forms, if needed, to tell us about the family income benefits you want to consider in your financial plans.

	Family Income Benefit 1	Family Income Benefit 2
Name of Benefit		
Amount of Benefit		
Term Remaining	Years	Years
Premium	£ Paid ☐ Monthly ☐ Annually	£ Paid ☐ Monthly ☐ Annually

Notes

Enter additional information below

	Family Income Benefit 3	Family Income Benefit 4
Name of Benefit		
Amount of Benefit		
Term Remaining	Years	Years
Premium	£ Paid ☐ Monthly ☐ Annually	£ Paid ☐ Monthly ☐ Annually

Notes

Enter additional information below

Advisors Note: Not currently importable.

Protection – Income Protection

Use the following forms, if needed, to tell us about income protection policies you want to consider in your financial plans. Include employee benefits and any personal policies.

	Income Protection Policy 1	Income Protection Policy 2
Name of Policy or Insurer		
Person(s) Covered		
Type of Policy	☐ Personal Policy ☐ Employee Benefit	☐ Personal Policy ☐ Employee Benefit
PERSONAL POLICY		
Premium	£ Paid ☐ Monthly ☐ Annually	£ Paid ☐ Monthly ☐ Annually
Amount of Cover	£ Paid ☐ Monthly ☐ Annually	£ Paid ☐ Monthly ☐ Annually
Maximum Duration of Benefit	Years	Years
Maximum Benefit Age		
EMPLOYEE BENEFIT		
Name of Employer		
Amount of Cover	£ -or- % of salary Paid ☐ Monthly ☐ Annually	£ -or- % of salary Paid ☐ Monthly ☐ Annually
Maximum Duration of Benefit	Years	Years

- Leave section blank if the policy is an employment benefit

- Leave section blank if personal policy

Notes

Enter additional information below

Additional income protection?

Click here for additional forms.

Advisors Note: Not currently importable.

Protection – Critical Illness

Use the following forms, if needed, to tell us about critical illness cover you want to consider in your financial plans.

	Critical Illness Policy 1	Critical Illness Policy 2
Name of Policy or Insurer		
Person(s) Covered		
Premium	£ Paid ☐ Monthly ☐ Annually	£ Paid ☐ Monthly ☐ Annually
Amount of Cover	£	£
Term	Years	Years
Is cover offered together with a Term Life policy?	☐ Yes ☐ No	☐ Yes ☐ No

Advisors Note: Not currently importable.

Notes

Enter additional information below

Notes

Enter additional information

Protection – Long Term Care

Use the following forms, if needed, to tell us about long term care cover you want to consider in your financial plans.

	Long Term Care Policy 1	Long Term Care Policy 2
Name of Policy or Insurer		
Person(s) Covered		
Amount of Cover	£ Paid ☐ Monthly ☐ Annually	£ Paid ☐ Monthly ☐ Annually
Maximum Coverage Period	Years or ☐ Lifetime Benefits	Years or ☐ Lifetime Benefits
Premium	£ Paid ☐ Monthly ☐ Annually	£ Paid ☐ Monthly ☐ Annually

Advisors Note: Not currently importable.

Notes

Enter additional information below

Notes

Enter additional information

Expenses

Please enter either **(a)** your total household expenses (monthly or yearly) or **(b)** itemise them in the following worksheets.

a. Total Household Expenses

£ ☐ Monthly ☐ Yearly

b. Household Expense Worksheet

Advisors Note: ⊕ Indicates importable value.

Expense ⊕	Amount ⊕	Paid ⊕
Mortgage / Rent	£	☐ Monthly ☐ Yearly
Council Tax	£	☐ Monthly ☐ Yearly
Home Insurance	£	☐ Monthly ☐ Yearly
Home Maintenance	£	☐ Monthly ☐ Yearly
Charitable Donations	£	☐ Monthly ☐ Yearly
Child Care	£	☐ Monthly ☐ Yearly
Furnishings	£	☐ Monthly ☐ Yearly
Gardening	£	☐ Monthly ☐ Yearly
Newspapers / Magazines	£	☐ Monthly ☐ Yearly
Pets	£	☐ Monthly ☐ Yearly
Clothing	£	☐ Monthly ☐ Yearly
Education	£	☐ Monthly ☐ Yearly
Entertainment	£	☐ Monthly ☐ Yearly
Food	£	☐ Monthly ☐ Yearly
Gifts	£	☐ Monthly ☐ Yearly
Membership Fees	£	☐ Monthly ☐ Yearly
Digital TV / Satellite	£	☐ Monthly ☐ Yearly
Electricity	£	☐ Monthly ☐ Yearly
Gas / Heating Fuel	£	☐ Monthly ☐ Yearly
Water / Wastewater	£	☐ Monthly ☐ Yearly
Home Telephone	£	☐ Monthly ☐ Yearly
Mobile Telephone	£	☐ Monthly ☐ Yearly
Internet	£	☐ Monthly ☐ Yearly
Security	£	☐ Monthly ☐ Yearly

Expenses

Household Expense Worksheet (continued)

Advisors Note: ⊕ Indicates importable value.

Expense ⊕	Amount ⊕	Paid ⊕
Car Payment	£	☐ Monthly ☐ Yearly
Fuel Costs - Car	£	☐ Monthly ☐ Yearly
Maintenance - Car	£	☐ Monthly ☐ Yearly
Insurance - Car	£	☐ Monthly ☐ Yearly
Public Transport	£	☐ Monthly ☐ Yearly
Prescriptions	£	☐ Monthly ☐ Yearly
Medical / Consultancy Fees	£	☐ Monthly ☐ Yearly
Medical Insurance	£	☐ Monthly ☐ Yearly
Dental	£	☐ Monthly ☐ Yearly
Travel / Holidays	£	☐ Monthly ☐ Yearly
	£	☐ Monthly ☐ Yearly
	£	☐ Monthly ☐ Yearly
	£	☐ Monthly ☐ Yearly
	£	☐ Monthly ☐ Yearly
	£	☐ Monthly ☐ Yearly
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	£	☐ Monthly ☐ Yearly
	£	☐ Monthly ☐ Yearly
	£	☐ Monthly ☐ Yearly
	£	☐ Monthly ☐ Yearly
	£	☐ Monthly ☐ Yearly
	£	☐ Monthly ☐ Yearly

Expenses

Household Expense Worksheet (continued)

Advisors Note: ⊕ Indicates importable value.

Expense ⊕	Amount ⊕	Paid ⊕
	£	☐ Monthly ☐ Yearly
	£	☐ Monthly ☐ Yearly
	£	☐ Monthly ☐ Yearly
	£	☐ Monthly ☐ Yearly
	£	☐ Monthly ☐ Yearly
	£	☐ Monthly ☐ Yearly
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	£	☐ Monthly ☐ Yearly
	£	☐ Monthly ☐ Yearly
	£	☐ Monthly ☐ Yearly
	£	☐ Monthly ☐ Yearly
	£	☐ Monthly ☐ Yearly
	£	☐ Monthly ☐ Yearly
	£	☐ Monthly ☐ Yearly

Goals and Priorities

Please indicate how relevant the following goals and life events are to you. Check the appropriate box next to each question – 1 being of little relevance or low priority, 5 being very relevant or of high priority.

How relevant are the following objectives and life events to you?	Low 1	2	3	4	High 5
Basic financial coaching - budgeting, saving, and investing	☐	☐	☐	☐	☐
Plan for future retirement	☐	☐	☐	☐	☐
Financial advice related to changes in marital status – marriage or divorce	☐	☐	☐	☐	☐
Manage present retirement income	☐	☐	☐	☐	☐
Work part-time either temporarily or in late career	☐	☐	☐	☐	☐
Advice on redundancy or changing careers	☐	☐	☐	☐	☐
Start a new business	☐	☐	☐	☐	☐
Invest an inheritance, a gift or other windfalls	☐	☐	☐	☐	☐
Review your existing investments	☐	☐	☐	☐	☐
Liquidity - Keep funds accessible on short notice	☐	☐	☐	☐	☐
Information on government benefits and entitlements	☐	☐	☐	☐	☐
Plan for a future child or children and related expenses such as child care	☐	☐	☐	☐	☐
Save for a future wedding or other major celebrations	☐	☐	☐	☐	☐
Purchase a future home	☐	☐	☐	☐	☐
Fund the renovation of your home	☐	☐	☐	☐	☐
Buy a holiday home or other property	☐	☐	☐	☐	☐
Downsizing - selling a home, property, business, or other assets	☐	☐	☐	☐	☐
Education - Fund the education of your children, grandchildren, other dependants	☐	☐	☐	☐	☐
Education - Fund your own education or a return to university	☐	☐	☐	☐	☐
Plan for other major expenditures, for example the purchase of a new car or boat.	☐	☐	☐	☐	☐
Managing debt - Credit cards, loans, mortgages	☐	☐	☐	☐	☐
Insurance protection for assets, income, critical illness, or long term health care	☐	☐	☐	☐	☐
Provide an inheritance for your dependants	☐	☐	☐	☐	☐
Others:	☐	☐	☐	☐	☐
Others:	☐	☐	☐	☐	☐
Others:	☐	☐	☐	☐	☐
Others:	☐	☐	☐	☐	☐
Others:	☐	☐	☐	☐	☐
Others:	☐	☐	☐	☐	☐

Advisors Note:
Not importable.

Wills – Estate Plans

Please tell us about your current intentions in respect of your estate in the event of your death.

		You	Spouse / Partner
- If yes, please outline briefly its terms and provisions in the space below.	**Have you made a will?**	☐ **Yes** ☐ **No**	☐ **Yes** ☐ **No**

Advisors Note: Not importable.

Other Information

Please use this space to provide any further information that you feel might be relevant to your financial planning needs, e.g. possible future changes in circumstances (work or family), potential future financial windfalls or planned major expenditure.

Advisors Note: Not importable.

Other Information (continued)

Advisors Note: Not importable.

Other Information (continued)

Advisors Note: Not importable.

Appendix I – Employment (additional forms)

Use the following forms, if needed, to enter additional details of your employment earnings including salary, wages, commissions and bonuses. Other sources of income, such as rental income or royalties, should be entered separately in "Other Income".

	Employment (3)	Employment (4)
Earner / Recipient	☐ You ☐ Spouse/Partner	☐ You ☐ Spouse/Partner
Occupation or Employer		
- Please enter annual salary before taxes — Gross Annual Salary	£	£
- Average annual bonuses and commissions — Other Earnings (Bonuses, Commissions)	£	£
- Average annual value of any benefits received in kind — Benefits in Kind	£	£

Notes

Enter additional information below

Self-Employed or Company Owner?		
Are you self-employed?	☐ Yes ☐ No	☐ Yes ☐ No
- If yes, enter any earnings on average from company dividends — Are you a company owner?	☐ Yes ☐ No	☐ Yes ☐ No
Company Dividends	£	£

Pensions and Other Benefits?		
- If yes, enter additional details in the **Money Purchase** or **Final Salary** sections of this questionnaire — Do you participate in an employer-sponsored pension scheme?	☐ Yes ☐ No	☐ Yes ☐ No
Type of pension scheme?	☐ Money Purchase ☐ Final Salary	☐ Money Purchase ☐ Final Salary
- Does your employer or company offer other benefits that should be considered in your financial plan? — Other benefits for consideration in your financial plan?	☐ Income Protection / Redundancy Cover	☐ Income Protection / Redundancy Cover
	☐ Death in Service Life Assurance	☐ Death in Service Life Assurance
	☐ Death in Service Widow's Pension	☐ Death in Service Widow's Pension
- Click any that apply.	☐ Stock Purchase Plan	☐ Stock Purchase Plan
- Further details may be noted right.	☐ Other (please specify in notes, right)	☐ Other (please specify in notes, right)

Advisors Note:
⊕ Indicates importable value.

Entries completed?

Click here to go to the next step in the questionnaire.

Appendix I – Employment (additional forms)

	Employment (5)	Employment (6)
⊕ Earner / Recipient	☐ You ☐ Spouse/Partner	☐ You ☐ Spouse/Partner
⊕ Occupation or Employer		
- Please enter annual salary before taxes ⊕ Gross Annual Salary	£	£
- Average annual bonuses and commissions ⊕ Other Earnings (Bonuses, Commissions)	£	£
- Average annual value of any benefits received in kind ⊕ Benefits in Kind	£	£

Self-Employed or Company Owner?

⊕ Are you self-employed?	☐ Yes ☐ No	☐ Yes ☐ No
- If yes, enter any earnings on average from company dividends ⊕ Are you a company owner?	☐ Yes ☐ No	☐ Yes ☐ No
⊕ Company Dividends	£	£

Pensions and Other Benefits?

- If yes, enter additional details in the **Money Purchase** or **Final Salary** sections of this questionnaire **Do you participate in an employer-sponsored pension scheme?**	☐ Yes ☐ No	☐ Yes ☐ No
Type of pension scheme?	☐ Money Purchase ☐ Final Salary	☐ Money Purchase ☐ Final Salary
- Does your employer or company offer other benefits that should be considered in your financial plan? - Click any that apply. - Further details may be noted right. **Other benefits for consideration in your financial plan?**	☐ Income Protection / Redundancy Cover ☐ Death in Service Life Assurance ☐ Death in Service Widow's Pension ☐ Stock Purchase Plan ☐ Other (please specify in notes, right)	☐ Income Protection / Redundancy Cover ☐ Death in Service Life Assurance ☐ Death in Service Widow's Pension ☐ Stock Purchase Plan ☐ Other (please specify in notes, right)

Advisors Note: ⊕ Indicates importable value.

Notes

Enter additional information below

Entries completed?

Click here to go to the next step in the questionnaire.

Appendix 2 – Other Income (additional forms)

Use the following forms, if needed, to tell us details of any other income sources apart from employment, pensions, and annuities. Other income sources might include rental income or royalties, for example.

	Other Income (5)	Other Income (6)
⊕ Other Income Source		
⊕ Annual Income	£	£
⊕ Is this income taxable?	☐ Yes ☐ No	☐ Yes ☐ No
Expected duration?	Years	Years
⊕ Earner / Recipient	☐ You ☐ Spouse/Partner	☐ You ☐ Spouse/Partner

Notes

Enter additional information below

	Other Income (7)	Other Income (8)
⊕ Other Income Source		
⊕ Annual Income	£	£
⊕ Is this income taxable?	☐ Yes ☐ No	☐ Yes ☐ No
Expected duration?	Years	Years
⊕ Earner / Recipient	☐ You ☐ Spouse/Partner	☐ You ☐ Spouse/Partner

Notes

Enter additional information below

Advisors Note: ⊕Indicates importable value.

Entries completed?

Click here to go to the next step in the questionnaire.

Appendix 3 – Savings and Investments (additional forms)

Use the following forms, if needed, to tell us about additional savings and investments you want to consider in your financial plans

	Savings / Investment (5)	Savings / Investment (6)
⊕ Type of Investment or Savings		
⊕ Name of Account, Bank, or Institution		
⊕ Owner(s)	☐ You ☐ Spouse/Partner ☐ Owned Jointly	☐ You ☐ Spouse/Partner ☐ Owned Jointly
⊕ Current Balance	£	£
⊕ Regular Contributions?	£ - Per year, if applicable.	£ - Per year, if applicable.
Remaining Term?	- Years, if applicable.	- Years, if applicable.

Notes

Enter additional information below

Advisors Note: ⊕ Indicates importable value.

	Savings / Investment (7)	Savings / Investment (8)
⊕ Type of Investment or Savings		
⊕ Name of Account, Bank, or Institution		
⊕ Owner(s)	☐ You ☐ Spouse/Partner ☐ Owned Jointly	☐ You ☐ Spouse/Partner ☐ Owned Jointly
⊕ Current Balance	£	£
⊕ Regular Contributions?	£ - Per year, if applicable.	£ - Per year, if applicable.
Remaining Term?	- Years, if applicable.	- Years, if applicable.

Notes

Enter additional information below

Entries completed?

Click here to go to the next step in the questionnaire.

Appendix 3 – Savings and Investments (additional forms, continued)

	Savings / Investment (9)	Savings / Investment (10)
⊕ Type of Investment or Savings		
⊕ Name of Account, Bank, or Institution		
⊕ Owner(s)	☐ You ☐ Spouse/Partner ☐ Owned Jointly	☐ You ☐ Spouse/Partner ☐ Owned Jointly
⊕ Current Balance	£	£
⊕ Regular Contributions?	£ - Per year, if applicable.	£ - Per year, if applicable.
Remaining Term?	- Years, if applicable.	- Years, if applicable.

Notes
Enter additional information below

Advisors Note: ⊕ Indicates importable value.

	Savings / Investment (11)	Savings / Investment (12)
⊕ Type of Investment or Savings		
⊕ Name of Account, Bank, or Institution		
⊕ Owner(s)	☐ You ☐ Spouse/Partner ☐ Owned Jointly	☐ You ☐ Spouse/Partner ☐ Owned Jointly
⊕ Current Balance	£	£
⊕ Regular Contributions?	£ - Per year, if applicable.	£ - Per year, if applicable.
Remaining Term?	- Years, if applicable.	- Years, if applicable.

Notes
Enter additional information below

Entries completed?
Click here to go to the next step in the questionnaire.

Appendix 3 – Savings and Investments (additional forms, continued)

	Savings / Investment (13)	Savings / Investment (14)
⊕ Type of Investment or Savings		
⊕ Name of Account, Bank, or Institution		
⊕ Owner(s)	☐ You ☐ Spouse/Partner ☐ Owned Jointly	☐ You ☐ Spouse/Partner ☐ Owned Jointly
⊕ Current Balance	£	£
⊕ Regular Contributions?	£ - Per year, if applicable.	£ - Per year, if applicable.
Remaining Term?	- Years, if applicable.	- Years, if applicable.

Notes
Enter additional information below

Advisors Note: ⊕ Indicates importable value.

	Savings / Investment (15)	Savings / Investment (16)
⊕ Type of Investment or Savings		
⊕ Name of Account, Bank, or Institution		
⊕ Owner(s)	☐ You ☐ Spouse/Partner ☐ Owned Jointly	☐ You ☐ Spouse/Partner ☐ Owned Jointly
⊕ Current Balance	£	£
⊕ Regular Contributions?	£ - Per year, if applicable.	£ - Per year, if applicable.
Remaining Term?	- Years, if applicable.	- Years, if applicable.

Notes
Enter additional information below

Entries completed?
Click here to go to the next step in the questionnaire.

Appendix 3 – Savings and Investments (additional forms, continued)

	Savings / Investment (17)	Savings / Investment (18)
⊕ Type of Investment or Savings		
⊕ Name of Account, Bank, or Institution		
⊕ Owner(s)	☐ You ☐ Spouse/Partner ☐ Owned Jointly	☐ You ☐ Spouse/Partner ☐ Owned Jointly
⊕ Current Balance	£	£
⊕ Regular Contributions?	£ - Per year, if applicable.	£ - Per year, if applicable.
Remaining Term?	- Years, if applicable.	- Years, if applicable.

Notes

Enter additional information below

Advisors Note: ⊕ Indicates importable value.

	Savings / Investment (19)	Savings / Investment (20)
⊕ Type of Investment or Savings		
⊕ Name of Account, Bank, or Institution		
⊕ Owner(s)	☐ You ☐ Spouse/Partner ☐ Owned Jointly	☐ You ☐ Spouse/Partner ☐ Owned Jointly
⊕ Current Balance	£	£
⊕ Regular Contributions?	£ - Per year, if applicable.	£ - Per year, if applicable.
Remaining Term?	- Years, if applicable.	- Years, if applicable.

Notes

Enter additional information below

Entries completed?

Click here to go to the next step in the questionnaire.

Appendix 4 – Pensions, Money Purchases (additional forms)

Use the following forms, if needed, to tell us about any additional money purchases you want to consider in your financial plans.

	Money Purchase (5)	Money Purchase (6)
⊕ Type of Money Purchase		
⊕ Owner	☐ You ☐ Spouse/Partner	☐ You ☐ Spouse/Partner
⊕ Name of Pension or Employer		
⊕ Current Value (Account Balance)	£	£
Retirement Age		
⊕ Your Contributions - If applicable - Enter either as an annual amount (before tax) or as % of salary	£ - or % annual contribution amount or % of salary	£ - or % annual contribution amount or % of salary
Your Employer's Contributions - If applicable - Enter either as an annual amount or as % of salary	£ - or % annual contribution amount or % of salary	£ - or % annual contribution amount or % of salary

Notes

Enter additional information below

	Money Purchase (7)	Money Purchase (8)
⊕ Type of Money Purchase		
⊕ Owner	☐ You ☐ Spouse/Partner	☐ You ☐ Spouse/Partner
⊕ Name of Pension or Employer		
⊕ Current Value (Account Balance)	£	£
Retirement Age		
⊕ Your Contributions - If applicable - Enter either as an annual amount (before tax) or as % of salary	£ - or % annual contribution amount or % of salary	£ - or % annual contribution amount or % of salary
Your Employer's Contributions - If applicable - Enter either as an annual amount or as % of salary	£ - or % annual contribution amount or % of salary	£ - or % annual contribution amount or % of salary

Notes

Enter additional information below

Entries completed?

Click here to go to the next step in the questionnaire.

Advisors Note: ⊕ Indicates importable value.

Appendix 5 – Pensions, Final Salaries (additional forms)

Use the following forms, if needed, to tell us about any additional final salary schemes you want to consider in your financial plans.

	Final Salary (5)	Final Salary (6)
Owner	☐ You ☐ Spouse/Partner	☐ You ☐ Spouse/Partner
Name of Pension or Employer		
Active Member?	☐ Yes ☐ No	☐ Yes ☐ No
If Yes - Years of Service		
If No - Are you currently receiving payments?	☐ Yes ☐ No, payments are deferred	☐ Yes ☐ No, payments are deferred
Pension – Income Expected or Current	£ ☐ Yearly ☐ Monthly	£ ☐ Yearly ☐ Monthly
Retirement Age		
Survivor Benefits? - Leave blank, if unknown		

- Enter current or estimated future pension income before tax
- If presently active member or if pension is deferred

Survivor benefits might include:
- Death in Service / Widow's Pension
- Death in Deferment Benefits

Notes

Enter additional information

	Final Salary (7)	Final Salary (8)
Owner	☐ You ☐ Spouse/Partner	☐ You ☐ Spouse/Partner
Name of Pension or Employer		
Active Member?	☐ Yes ☐ No	☐ Yes ☐ No
If Yes - Years of Service		
If No - Are you currently receiving payments?	☐ Yes ☐ No, payments are deferred	☐ Yes ☐ No, payments are deferred
Pension – Income Expected or Current	£ ☐ Yearly ☐ Monthly	£ ☐ Yearly ☐ Monthly
Retirement Age		
Survivor Benefits? - Leave blank, if unknown		

- Enter current or estimated future pension income before tax
- If presently active member or if pension is deferred

Advisors Note:
Not currently importable.

Notes

Enter additional information

Entries completed?

Click here to go to the next step in the questionnaire.

Appendix 6 – Annuities (additional forms)

Use the following forms, if needed, to tell us about additional annuities you want to consider in your financial plans.

	Annuity (5)	Annuity (6)
Owner	☐ **You** ☐ **Spouse/Partner**	☐ **You** ☐ **Spouse/Partner**
Name of Annuity		
Type of Annuity	☐ Pension ☐ Non-Pension	☐ Pension ☐ Non-Pension
Currently receiving income from annuity?	☐ Yes ☐ No, payments are deferred	☐ Yes ☐ No, payments are deferred
Income Current or Expected - Enter income before tax	£ ☐ Yearly ☐ Monthly	£ ☐ Yearly ☐ Monthly
Term - Leave blank if lifetime income	Years	Years
Survivorship? - If unknown, leave unselected	☐ Single ☐ Joint Life If Joint Life - **Survivor Percentage** %	☐ Single ☐ Joint Life If Joint Life - **Survivor Percentage** %

Advisors Note: Not currently importable.

Notes
Enter additional information below

	Annuity (7)	Annuity (8)
Owner	☐ **You** ☐ **Spouse/Partner**	☐ **You** ☐ **Spouse/Partner**
Name of Annuity		
Type of Annuity	☐ Pension ☐ Non-Pension	☐ Pension ☐ Non-Pension
Currently receiving income from annuity?	☐ Yes ☐ No, payments are deferred	☐ Yes ☐ No, payments are deferred
Income Current or Expected - Enter income before tax	£ ☐ Yearly ☐ Monthly	£ ☐ Yearly ☐ Monthly
Term - Leave blank if lifetime income	Years	Years
Survivorship? - If unknown, leave unselected	☐ Single ☐ Joint Life If Joint Life - **Survivor Percentage** %	☐ Single ☐ Joint Life If Joint Life - **Survivor Percentage** %

Notes
Enter additional information below

Entries completed?
Click here to go to the next step in the questionnaire.

Appendix 7 – Property and Other Assets (additional forms)

Use the following forms, if needed, to tell us about additional properties and other assets you want to consider in your financial plans.

	Property (5)	Property (6)
⊕ Name or Description		
⊕ Type of Property		
⊕ Current Value	£	£
⊕ Original Purchase Value (- If unknown, leave blank)	£	£
⊕ Owner(s)	☐ You ☐ Spouse/Partner ☐ Owned Jointly	☐ You ☐ Spouse/Partner ☐ Owned Jointly
Mortgage / Other Associated Debts? (- If yes, enter details under "Debts and Mortgages")	☐ Yes ☐ No	☐ Yes ☐ No
Income from Property? (- e.g. rental income)	☐ No ☐ Yes - £ ☐ Yearly ☐ Monthly	☐ No ☐ Yes - £ ☐ Yearly ☐ Monthly

Notes

Enter additional information below

	Property (7)	Property (8)
⊕ Name or Description		
⊕ Type of Property		
⊕ Current Value	£	£
⊕ Original Purchase Value (- If unknown, leave blank)	£	£
⊕ Owner(s)	☐ You ☐ Spouse/Partner ☐ Owned Jointly	☐ You ☐ Spouse/Partner ☐ Owned Jointly
Mortgage / Other Associated Debts? (- If yes, enter details under "Debts and Mortgages")	☐ Yes ☐ No	☐ Yes ☐ No
Income from Property? (- e.g. rental income)	☐ No ☐ Yes - £ ☐ Yearly ☐ Monthly	☐ No ☐ Yes - £ ☐ Yearly ☐ Monthly

Notes

Enter additional information below

Entries completed?

Click here to go to the next step in the questionnaire.

Advisors Note: ⊕ Indicates importable value.

Appendix 7 – Property and Other Assets (additional forms, continued)

	Property (9)	Property (10)
⊕ Name or Description		
⊕ Type of Property		
⊕ Current Value	£	£
⊕ Original Purchase Value (- If unknown, leave blank)	£	£
⊕ Owner(s)	☐ You ☐ Spouse/Partner ☐ Owned Jointly	☐ You ☐ Spouse/Partner ☐ Owned Jointly
Mortgage / Other Associated Debts? (- If yes, enter details under "Debts and Mortgages")	☐ Yes ☐ No	☐ Yes ☐ No
Income from Property? (- e.g. rental income)	☐ No ☐ Yes - £ ☐ Yearly ☐ Monthly	☐ No ☐ Yes - £ ☐ Yearly ☐ Monthly

Notes

Enter additional information below

	Property (11)	Property (12)
⊕ Name or Description		
⊕ Type of Property		
⊕ Current Value	£	£
⊕ Original Purchase Value (- If unknown, leave blank)	£	£
⊕ Owner(s)	☐ You ☐ Spouse/Partner ☐ Owned Jointly	☐ You ☐ Spouse/Partner ☐ Owned Jointly
Mortgage / Other Associated Debts? (- If yes, enter details under "Debts and Mortgages")	☐ Yes ☐ No	☐ Yes ☐ No
Income from Property? (- e.g. rental income)	☐ No ☐ Yes - £ ☐ Yearly ☐ Monthly	☐ No ☐ Yes - £ ☐ Yearly ☐ Monthly

Notes

Enter additional information below

Entries completed?

Click here to go to the next step in the questionnaire.

Advisors Note: ⊕ Indicates importable value.

Appendix 7 – Property and Other Assets (additional forms, continued)

	Property (13)	Property (14)
⊕ Name or Description		
⊕ Type of Property		
⊕ Current Value	£	£
⊕ Original Purchase Value - If unknown, leave blank	£	£
⊕ Owner(s)	☐ You ☐ Spouse/Partner ☐ Owned Jointly	☐ You ☐ Spouse/Partner ☐ Owned Jointly
Mortgage / Other Associated Debts? - If yes, enter details under "Debts and Mortgages"	☐ Yes ☐ No	☐ Yes ☐ No
Income from Property? - e.g. rental income	☐ No ☐ Yes - £ ☐ Yearly ☐ Monthly	☐ No ☐ Yes - £ ☐ Yearly ☐ Monthly

Notes

Enter additional information below

	Property (15)	Property (16)
⊕ Name or Description		
⊕ Type of Property		
⊕ Current Value	£	£
⊕ Original Purchase Value - If unknown, leave blank	£	£
⊕ Owner(s)	☐ You ☐ Spouse/Partner ☐ Owned Jointly	☐ You ☐ Spouse/Partner ☐ Owned Jointly
Mortgage / Other Associated Debts? - If yes, enter details under "Debts and Mortgages"	☐ Yes ☐ No	☐ Yes ☐ No
Income from Property? - e.g. rental income	☐ No ☐ Yes - £ ☐ Yearly ☐ Monthly	☐ No ☐ Yes - £ ☐ Yearly ☐ Monthly

Notes

Enter additional information below

Entries completed?

Click here to go to the next step in the questionnaire.

Advisors Note: ⊕ Indicates importable value.

Appendix 7 – Property and Other Assets (additional forms, continued)

	Property (17)	Property (18)
⊕ Name or Description		
⊕ Type of Property		
⊕ Current Value	£	£
⊕ Original Purchase Value (- If unknown, leave blank)	£	£
⊕ Owner(s)	☐ You ☐ Spouse/Partner ☐ Owned Jointly	☐ You ☐ Spouse/Partner ☐ Owned Jointly
Mortgage / Other Associated Debts? (- If yes, enter details under "Debts and Mortgages")	☐ Yes ☐ No	☐ Yes ☐ No
Income from Property? (- e.g. rental income)	☐ No ☐ Yes - £ ☐ Yearly ☐ Monthly	☐ No ☐ Yes - £ ☐ Yearly ☐ Monthly

Notes

Enter additional information below

	Property (19)	Property (20)
⊕ Name or Description		
⊕ Type of Property		
⊕ Current Value	£	£
⊕ Original Purchase Value (- If unknown, leave blank)	£	£
⊕ Owner(s)	☐ You ☐ Spouse/Partner ☐ Owned Jointly	☐ You ☐ Spouse/Partner ☐ Owned Jointly
Mortgage / Other Associated Debts? (- If yes, enter details under "Debts and Mortgages")	☐ Yes ☐ No	☐ Yes ☐ No
Income from Property? (- e.g. rental income)	☐ No ☐ Yes - £ ☐ Yearly ☐ Monthly	☐ No ☐ Yes - £ ☐ Yearly ☐ Monthly

Notes

Enter additional information below

Entries completed?

Click here to go to the next step in the questionnaire.

Advisors Note: ⊕ Indicates importable value.

Appendix 8 – Debts (additional forms)

Use the following forms, if needed, to tell us about additional debts you want to consider in your financial plans.

	Debt (5)	Debt (6)
⊕ Name or Description		
- If other, please specify ⊕ Type of Debt		
⊕ Outstanding Balance	£	£
⊕ Repayment Amount	£ ☐ Yearly ☐ Monthly	£ ☐ Yearly ☐ Monthly
⊕ Interest Rate	% Interest Only Loan? ☐ Yes ☐ No	% Interest Only Loan? ☐ Yes ☐ No
⊕ Owner(s) of Debt	☐ You ☐ Spouse/Partner ☐ Owned Jointly	☐ You ☐ Spouse/Partner ☐ Owned Jointly
- If mortgage Associated Home, Property		

Notes

Enter additional information below

	Debt (7)	Debt (8)
⊕ Name or Description		
- If other, please specify ⊕ Type of Debt		
⊕ Outstanding Balance	£	£
⊕ Repayment Amount	£ ☐ Yearly ☐ Monthly	£ ☐ Yearly ☐ Monthly
⊕ Interest Rate	% Interest Only Loan? ☐ Yes ☐ No	% Interest Only Loan? ☐ Yes ☐ No
⊕ Owner(s) of Debt	☐ You ☐ Spouse/Partner ☐ Owned Jointly	☐ You ☐ Spouse/Partner ☐ Owned Jointly
- If mortgage Associated Home, Property		

Notes

Enter additional information below

Entries completed?

Click here to go to the next step in the questionnaire.

Advisors Note: ⊕ Indicates importable value.

Appendix 8 – Debts (additional forms, continued)

	Debt (9)	Debt (10)
⊕ Name or Description		
- If other, please specify ⊕ Type of Debt		
⊕ Outstanding Balance	£	£
⊕ Repayment Amount	£ ☐ Yearly ☐ Monthly	£ ☐ Yearly ☐ Monthly
⊕ Interest Rate	% Interest Only Loan? ☐ Yes ☐ No	% Interest Only Loan? ☐ Yes ☐ No
⊕ Owner(s) of Debt	☐ You ☐ Spouse/Partner ☐ Owned Jointly	☐ You ☐ Spouse/Partner ☐ Owned Jointly
- If mortgage Associated Home, Property		

Notes

Enter additional information below

	Debt (11)	Debt (12)
⊕ Name or Description		
- If other, please specify ⊕ Type of Debt		
⊕ Outstanding Balance	£	£
⊕ Repayment Amount	£ ☐ Yearly ☐ Monthly	£ ☐ Yearly ☐ Monthly
⊕ Interest Rate	% Interest Only Loan? ☐ Yes ☐ No	% Interest Only Loan? ☐ Yes ☐ No
⊕ Owner(s) of Debt	☐ You ☐ Spouse/Partner ☐ Owned Jointly	☐ You ☐ Spouse/Partner ☐ Owned Jointly
- If mortgage Associated Home, Property		

Notes

Enter additional information below

Entries completed?

Click here to go to the next step in the questionnaire.

Advisors Note: ⊕ Indicates importable value.

Appendix 9 – Protection, Term Life (additional forms)

Use the following forms, if needed, to tell us about additional term life policies you want to consider in your financial plans.

	Term Policy 3	Term Policy 4
Name of Insurer or Policy		
Name of Person(s) Covered		
Type of Policy	☐ Personal Policy ☐ Employee Benefit	☐ Personal Policy ☐ Employee Benefit
PERSONAL POLICY		
Amount of Cover	£	£
Premium	£ Paid ☐ Monthly ☐ Annually	£ Paid ☐ Monthly ☐ Annually
EMPLOYEE BENEFIT		
Name of Employer		
Amount of Cover		
Term Remaining		

- Leave section blank if the policy is an employment benefit
- Leave section blank if personal policy
- Usually a multiple or percentage of salary
- Leave blank if term is duration of employment

Advisors Note: Not currently importable.

Notes

Enter additional information below

Entries completed?

Click here to go to the next step in the questionnaire.

Appendix 10 – Protection, Income Protection (additional forms)

Use the following forms, if needed, to tell us about additional income protection policies you want to consider in your financial plans.

	Income Protection Policy 3	Income Protection Policy 4
Name of Policy or Insurer		
Person(s) Covered		
Type of Policy	☐ Personal Policy ☐ Employee Benefit	☐ Personal Policy ☐ Employee Benefit
PERSONAL POLICY		
Premium	£ Paid ☐ Monthly ☐ Annually	£ Paid ☐ Monthly ☐ Annually
Amount of Cover	£ Paid ☐ Monthly ☐ Annually	£ Paid ☐ Monthly ☐ Annually
Maximum Duration of Benefit	Years	Years
Maximum Benefit Age		
EMPLOYEE BENEFIT		
Name of Employer		
Amount of Cover	£ -or- % of salary Paid ☐ Monthly ☐ Annually	£ -or- % of salary Paid ☐ Monthly ☐ Annually
Maximum Duration of Benefit	Years	Years

- Leave section blank if the policy is an employment benefit

- Leave section blank if personal policy

Advisors Note: Not currently importable.

Notes

Enter additional information below

Entries completed?

Click here to go to the next step in the questionnaire.